

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMITTED TO AMERICA PAC

ADDRESS (number and street)

PO BOX 441426

Check if different
than previously
reported. (ACC)

INDIANAPOLIS

IN

46244-1426

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00839464

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

07

01

2023

12

31

2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

HUGO, DEREK, SCOTT, ,

Signature of Treasurer

HUGO, DEREK, SCOTT, ,

Date

M M /

D D /

Y Y Y Y Y Y

01

31

2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

COMMITTED TO AMERICA PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	1825881.46	
(c) Total Receipts (from Line 19)	2636565.55	5369283.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4462447.01	5369283.50
7. Total Disbursements (from Line 31)	4461612.65	5368449.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	834.36	834.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

COMMITTED TO AMERICA PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2553100.00	4785300.00
(ii) Unitemized	3674.97	4192.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2556774.97	4789492.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	70000.00	570000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2626774.97	5359492.92
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	9790.58	9790.58
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2636565.55	5369283.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2636565.55	5369283.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1376759.26	1584213.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1376759.26	1584213.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2375848.88	3075231.22
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	4.51	4.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	4.51	4.51
29. Other Disbursements (Including Non-Federal Donations).....	709000.00	709000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4461612.65	5368449.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4461612.65	5368449.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2626774.97	5359492.92
34. Total Contribution Refunds (from Line 28(d))	4.51	4.51
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2626770.46	5359488.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1376759.26	1584213.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	9790.58	9790.58
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1366968.68	1574422.83

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: F3XN
Transaction ID :

THE FOLLOWING INDEPENDENT EXPENDITURES WERE MULTISTATE INDEPENDENT EXPENDITURES, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL 50 STATES. 1) CONSERVATIVE CLICKS 8/16/23 \$30,000.00; 2) THE POLITICAL COMPANY 8/9/23 \$82,230.00; 3) THE POLITICAL COMPANY 8/9/23 \$40,255.00; 4) THE POLITICAL COMPANY 7/17/23 \$16,215.76; 5) THE POLITICAL COMPANY 7/17/23 18,521.56; 6) NOVA 7/14/23 \$660.40; 7) NOVA 7/14/23 \$1,835; 8) INTEGRAM 7/14/23 \$33,425.12; 9) INTEGRAM 7/14/23 \$36,698.05; 10) ONPOINT 7/14/23 \$512.63; 11) HSP DIRECT 7/14/23 \$5,168.68; 12) ONPOINT 7/14/23 \$325.10; 13) HSP DIRECT 7/14/23 \$5,168.79; 14) NOVA 7/14/23 \$7,885.50; 15) POSTAGE FOR DIRECT MAIL FUNDRAISING LLC 7/14/23 \$63,300.00

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCINERNEY, THOMAS, E, ,

Mailing Address 2 MANITOU CT

City
WESTPORTState
CTZip Code
06880-6006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLUFF POINT ASSOC.Occupation (for Individual)
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2023

Transaction ID : AC031C843455140A2962

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HODGES, MICHAEL, , ,

Mailing Address PO BOX 331513

City
NASHVILLEState
TNZip Code
37203-7514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADVANCE FINANCIALOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2023

Transaction ID : A0EACFE898C1B4975A7E

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYDE, MICHAEL, , ,

Mailing Address 8 EXECUTIVE CIR

City
IRVINEState
CAZip Code
92614-6746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTERN NATIONAL GROUPOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2023

Transaction ID : A00CDF662A4A141DC822

Amount of Each Receipt this Period

125000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KHOURI, LAURA, , ,

Mailing Address 8 EXECUTIVE CIR

City
IRVINEState
CAZip Code
92614-6746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTERN NATIONAL GROUPOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2023

Transaction ID : A45FF04E592FA4EFEA44

Amount of Each Receipt this Period

125000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NELSON, MARTIN, , ,

Mailing Address 16202 HIGHWAY 7

City
MINNETONKAState
MNZip Code
55345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORM A FEED, INCOccupation (for Individual)
CO CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2023

Transaction ID : AB12AFDE7666946C3960

Amount of Each Receipt this Period

3300.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify)
ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2023

Transaction ID : A03EF7EA3305E4055916

Amount of Each Receipt this Period

3300.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

128300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEISS, MARY BETH, , ,

Mailing Address 664 OSCEOLA, #303

City
WINTER PARKState
FLZip Code
32789FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2023

Transaction ID : AFAB26D1825E5464981F

Amount of Each Receipt this Period

10000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2023

Transaction ID : AC6117A5E70AA407C990

Amount of Each Receipt this Period

10000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTTON, GARY, , ,

Mailing Address 6706 NORWAY ROAD

City
DALLASState
TXZip Code
75230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE SUTTON FIRMOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2023

Transaction ID : AFB15E077108240B1B25

Amount of Each Receipt this Period

10000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

20000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2023

Transaction ID : A1141CBD250414A2EA45

Amount of Each Receipt this Period

10000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NI, PIN, , ,

Mailing Address 9 S MEADOW CT

City
SOUTH BARRINGTONState
ILZip Code
60010-9554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WAN XIANG AMERICA CORP

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2023

Transaction ID : A14FA010FEFF248F89C2

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'MALLEY, THOMAS, , ,Mailing Address 222 LAKEVIEW AVE
STE 1510City
WEST PALM BEACHState
FLZip Code
33401-6228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2023

Transaction ID : A00D0727AF01E42E183E

Amount of Each Receipt this Period

200000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 102

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERGMAN, JAY, , ,

Mailing Address 108 E OGDEN AVE

City
HINSDALEState
ILZip Code
60521-3572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PETCO PETROLEUM CORPOccupation (for Individual)
CORP OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2023

Transaction ID : A36C6362EDF5A41DC9E7

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVERGREEN INVESTMENTS, LLC

Mailing Address PO BOX 1600

City
LEBANONState
MOZip Code
65536-1600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2023

Transaction ID : A89FFE9B1E24E458ABD5

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PARTNERSHIP ATTRIBUTION REQUESTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. C.V. STARRMailing Address 399 PARK AVE
17TH FLOORCity
NEW YORKState
NYZip Code
10022-4877FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2023

Transaction ID : AA4A995767FA14E99B2F

Amount of Each Receipt this Period

150000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

255000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LA FINCA, LLC

Mailing Address 12392 DRIFTWOOD DR

City
DEMOTTEState
INZip Code
46310-7925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2023

Transaction ID : A3650335C37FB48ACAF4

Amount of Each Receipt this Period

250000.00

☐ Memo Item

PARTNERSHIP ATTRIBUTION REQUESTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMBASSADOR ENTERPRISES, LLC

Mailing Address 11020 DIEBOLD RD

City
FORT WAYNEState
INZip Code
46845-9662FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2023

Transaction ID : AA09B190ACD7D48FFBAB

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SEE ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DODEN, DARYL, , ,

Mailing Address 11020 DIEBOLD RD

City
FORT WAYNEState
INZip Code
46845-9662FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMBASSADOR ENTERPRISES, LLCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2023

Transaction ID : A4A9F930136E04143915

Amount of Each Receipt this Period

10000.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

260000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 102

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUBOSE, SAM, , ,

Mailing Address 32 INTERLOCHEN DR NE

City
ATLANTAState
GAZip Code
30342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2023

Transaction ID : A1400B57CE9C74BA6BBC

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUBOSE, VIVIAN, , ,

Mailing Address 32 INTERLOCHEN DR NE

City
ATLANTAState
GAZip Code
30342-3702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOBLE PROPERTIES, INC.Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2023

Transaction ID : A3641CD54608A4AEB940

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAHONEY, JOLYNN, , ,

Mailing Address 191 S COBBLESTONE LN

City
ANAHEIMState
CAZip Code
92807-3608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HUGGINS DRECKMAN INSURANCEOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

11800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2023

Transaction ID : A2AFDD2461577416FB94

Amount of Each Receipt this Period

11800.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WENTWORTH, TIM, , ,

Mailing Address 17 SHINNECOCK TRAIL

City
FRANKLIN LAKESState
NJZip Code
07417-1033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2023

Transaction ID : AA8E23B11CFFE4CF7968

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HILLWOOD DEVELOPMENT COMPANY LLC

Mailing Address 3000 TURTLE CREEK BLVD

City
DALLASState
TXZip Code
75219-6268FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : AE732A7B68266451AA1A

Amount of Each Receipt this Period

250000.00

☐ Memo Item

PARTNERSHIP ATTRIBUTION REQUESTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, NORMAN, , ,Mailing Address 12770 MERIT DR
STE 300City
DALLASState
TXZip Code
75251-1402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2023

Transaction ID : AD88CE78BC04F4175968

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BREEN, ED LYNN, , ,

Mailing Address 180 STREET ROAD

City
NEW HOPEState
PAZip Code
18938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DUPONTOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : A1C2686573415492BA9E

Amount of Each Receipt this Period

50000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼
ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : A222C43BB04B94EB3A4C

Amount of Each Receipt this Period

50000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBURN, RICHARD, W., ,Mailing Address 555 SKOKIE BLVD
STE 555City
NORTHBROOKState
ILZip Code
60062-2854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAYROLL & INSURANCE GROUP, INC.Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : A0699C387D46045CDBF4

Amount of Each Receipt this Period

200000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 102

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIZEL, LARRY, , ,

Mailing Address 4350 S MONACO ST

City
DENVERState
COZip Code
80237-3400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
M.D.C. HOLDINGS, INC.Occupation (for Individual)
EXECUTIVE CHAIRMAN OF THE BOA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : AABD0C514556F4D34860

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVERGREEN INVESTMENTS, LLC

Mailing Address PO BOX 1600

City
LEBANONState
MOZip Code
65536-1600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2023

Transaction ID : A4F66BD91E84F4DA2853

Amount of Each Receipt this Period

2000.00

☐ Memo Item

PARTNERSHIP ATTRIBUTION REQUESTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCINERNEY, THOMAS, E, ,

Mailing Address 2 MANITOU CT

City
WESTPORTState
CTZip Code
06880-6006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLUFF POINT ASSOC.Occupation (for Individual)
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2023

Transaction ID : ABFE92B9CDC5141BCB48

Amount of Each Receipt this Period

100000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

127000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POPE, JAMES, A, ,

Mailing Address 3324 GRANVILLE DR

City
RALEIGHState
NCZip Code
27609-6924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VARIETY WHOLESALERSOccupation (for Individual)
RETAILER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2023

Transaction ID : A1C177BE7D0EB42D6A1F

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYDE, MICHAEL, , ,

Mailing Address 8 EXECUTIVE CIR

City
IRVINEState
CAZip Code
92614-6746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTERN NATIONAL GROUPOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : A37A269262CC8436AAEE

Amount of Each Receipt this Period

50000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify)
ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : A418DAD39C8AC4CB6BBF

Amount of Each Receipt this Period

50000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

300000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KHOURI, LAURA, , ,

Mailing Address 26 HARBOR IS

City
NEWPORT BEACHState
CAZip Code
92660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTERN NATIONAL GROUPOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : A0B4188276525463FAA7

Amount of Each Receipt this Period

50000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼
ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : A714F5C3181F644BE84D

Amount of Each Receipt this Period

50000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PENSKE, ROGER, S, ,

Mailing Address 2555 S TELEGRAPH RD

City
BLOOMFIELD HILLSState
MIZip Code
48302-0912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PENSKE CORPORATIONOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2023

Transaction ID : AF202453371884DAE9D3

Amount of Each Receipt this Period

200000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARTZ, MARY, , ,

Mailing Address 2281 E FOUR WOODS CIRC WEST GATE E

City
SALT LAKE CITYState
UTZip Code
84109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : A5876EAC93B974891AE1

Amount of Each Receipt this Period

5000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : AEEF7C19066994C4BBE1

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERTOOG, ROGER, , ,Mailing Address 399 PARK AVE
25TH FLOORCity
NEW YORKState
NYZip Code
10022-4614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2023

Transaction ID : AEE0FFC8E672F42C1ABC

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAIDAR, MARK, , ,

Mailing Address 1929 MCMILLAN AVE

City
DALLASState
TXZip Code
75206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VINLI INC.Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : AA4B2CCC18D9F4F5BAF6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼
ANNUAL

Aggregate Year-to-Date ▼

415502.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : AD26C61D57673417EBBD

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UIHLEIN, ELIZABETH, , ,

Mailing Address PO BOX 52

City
LAKE BLUFFState
ILZip Code
60044-0052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ULINEOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2023

Transaction ID : A22B816A3124D4238BC6

Amount of Each Receipt this Period

20000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASTELLINI, ROBERT, , ,Mailing Address 312 ELM ST
STE 2600City
CINCINNATIState
OHZip Code
45202-2728FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASTELLINI COMPANYOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2023

Transaction ID : ACFF38D8D870245799E3

Amount of Each Receipt this Period

40000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40000.00

2553100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 102
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CITIZENS FOR DURKIN

Mailing Address PO BOX 52

City
OSWEGOState
ILZip Code
60543-0052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2023

Transaction ID : A5141C329FC3646D5A36

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CITIZENS FOR DURKIN

Mailing Address PO BOX 52

City
OSWEGOState
ILZip Code
60543-0052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2023

Transaction ID : A22B35248D5D24E9A8D1

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JBD LEAD FORWARD PAC

Mailing Address PO BOX 98

City
LA GRANGEState
ILZip Code
60525-0098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2023

Transaction ID : A3E8C22E8E7104C8E924

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 102

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOUNDING PRINCIPLES PAC

Mailing Address PO BOX 1452

City
ANDERSONState
INZip Code
46015-1452FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : A51AEAAE5AEE344E5AFI

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 102
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLCMailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147-5905FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2023

Transaction ID : A03416A8D6F9940AE9FD

Amount of Each Receipt this Period

☐ Memo Item**VENDOR REFUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENTZER MEDIA SERVICES

Mailing Address 2210 GREY FOX CT

City
BEL AIRState
MDZip Code
21015-8905FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2023

Transaction ID : A9E8B31733071495AA6C

Amount of Each Receipt this Period

☐ Memo Item**VENDOR REFUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 102

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 06 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B4EC1DB9A1

Amount of Each Disbursement this Period

[REDACTED] 0.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RMS STRATEGIES, LLC

Mailing Address 401 FREYER DR NE

City
MARIETTAState
GAZip Code
30060-1407

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : BB9E39D4DE

Amount of Each Disbursement this Period

[REDACTED] 17500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERIUS STRATEGIES, LLC

Mailing Address 9901 CONESTOGA WAY

City
POTOMACState
MDZip Code
20854-4715

Purpose of Disbursement

COMMUNICATION CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B3B5B33AF1

Amount of Each Disbursement this Period

[REDACTED] 11250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 28750.05

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

OFFICE SUPPLY & TRAVEL REIMBURSEMENT

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	3	

FEC Identification Number

C

Transaction ID : BBD22ADE4

Amount of Each Disbursement this Period

1313.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	3	

FEC Identification Number

C

Transaction ID : B24425E8459

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THREE POINT ADVISORS, LLC

Mailing Address PO BOX 441446

City
INDIANAPOLISState
INZip Code
46244-1446

Purpose of Disbursement

ACCOUNTING/COMPLIANCE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	3	

FEC Identification Number

C

Transaction ID : B4992B19AE

Amount of Each Disbursement this Period

4500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20813.28

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 10 / 2023

FEC Identification Number

C Transaction ID : B94E76D53E

Amount of Each Disbursement this Period

0.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARNES & THORNBURG LLP

Mailing Address 11 S MERIDIAN ST

City
INDIANAPOLISState
INZip Code
46204-3506Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 11 / 2023

FEC Identification Number

C Transaction ID : BF618A71A0

Amount of Each Disbursement this Period

14500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 12 / 2023

FEC Identification Number

C Transaction ID : BD258B5498

Amount of Each Disbursement this Period

0.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14500.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 17 / 2023

FEC Identification Number

C

Transaction ID : B44775378Cf

Amount of Each Disbursement this Period

0.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 18 / 2023

FEC Identification Number

C

Transaction ID : B15E74C6D8!

Amount of Each Disbursement this Period

0.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. I360, LLCMailing Address 2300 CLARENDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201-3382Purpose of Disbursement
DATA SUBSCRIPTION

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 19 / 2023

FEC Identification Number

C

Transaction ID : B278B699A8

Amount of Each Disbursement this Period

6600.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6600.14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. OLD NATIONAL BANKMailing Address 1 MONUMENT CIR
STE 150City
INDIANAPOLISState
INZip Code
46204-3030

Purpose of Disbursement

SERVICE CHARGE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : BEB770501E

Amount of Each Disbursement this Period

380.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B2AC6BEF29

Amount of Each Disbursement this Period

395.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B90977F852I

Amount of Each Disbursement this Period

131.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

906.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	3		

FEC Identification Number

C

Transaction ID : BF3DD68340

Amount of Each Disbursement this Period

0.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	3		

FEC Identification Number

C

Transaction ID : B3D2A46AB7

Amount of Each Disbursement this Period

394.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	3		

FEC Identification Number

C

Transaction ID : BB5DBF2B3I

Amount of Each Disbursement this Period

1.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

397.11

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	3			

FEC Identification Number

C Transaction ID : **BCAE5D001E**

Amount of Each Disbursement this Period

3.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	3			

FEC Identification Number

C Transaction ID : **B75787BABE**

Amount of Each Disbursement this Period

1.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	3			

FEC Identification Number

C Transaction ID : **B3757F0609**

Amount of Each Disbursement this Period

0.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	0			2	0	2	3		

FEC Identification Number

C Transaction ID : BED8A578C7

Amount of Each Disbursement this Period

11.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C Transaction ID : BD339E9908t

Amount of Each Disbursement this Period

4.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C Transaction ID : B867CE7E24

Amount of Each Disbursement this Period

2.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

18.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CLICKS

Mailing Address PO BOX 20804

City
CHARLESTONState
SCZip Code
29413-0804Purpose of Disbursement
DIGITAL MEDIA CONSULTING SERVICES

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	3		

FEC Identification Number

C Transaction ID : B581C1D6AF

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. I360, LLCMailing Address 2300 CLARENDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201-3382Purpose of Disbursement
DATA SUBSCRIPTION

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	3		

FEC Identification Number

C Transaction ID : B3B43C3740C

Amount of Each Disbursement this Period

6600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BARNES & THORNBURG LLP

Mailing Address 11 S MERIDIAN ST

City
INDIANAPOLISState
INZip Code
46204-3506Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	3		

FEC Identification Number

C Transaction ID : B610276DC4

Amount of Each Disbursement this Period

14500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B61C4B0554

Amount of Each Disbursement this Period

14.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B5C21521A7C

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : BC4AC50B51

Amount of Each Disbursement this Period

166625.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

181639.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA62F341C4

Amount of Each Disbursement this Period

16.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : BD0E0FFCD5

Amount of Each Disbursement this Period

17.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : BD0776E657

Amount of Each Disbursement this Period

9.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

43.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. M&B ANALYTICS, LLC

Mailing Address PO BOX 22301

City
ALEXANDRIAState
VAZip Code
22301

Purpose of Disbursement

RESEARCH

Candidate Name

005

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : B04DE01D98

Amount of Each Disbursement this Period

39700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : B55C341E8F5

Amount of Each Disbursement this Period

3.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147-5905

Purpose of Disbursement

LICENSING FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B586E8C4D5

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49703.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B101ABF113

Amount of Each Disbursement this Period

0.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BC8629693D4

Amount of Each Disbursement this Period

2.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : BFF3D1B69E

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10002.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. RMS STRATEGIES, LLC

Mailing Address 401 FREYER DR NE

City
MARIETTAState
GAZip Code
30060-1407

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : B1F84433D3f

Amount of Each Disbursement this Period

17500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TIBERIUS STRATEGIES, LLC

Mailing Address 9901 CONESTOGA WAY

City
POTOMACState
MDZip Code
20854-4715

Purpose of Disbursement

COMMUNICATION CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : B2AA008653f

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CLICKS

Mailing Address PO BOX 20804

City
CHARLESTONState
SCZip Code
29413-0804

Purpose of Disbursement

DIGITAL MEDIA CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : B6B5040450f

Amount of Each Disbursement this Period

20000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

45000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. OLD NATIONAL BANKMailing Address 1 MONUMENT CIR
STE 150City
INDIANAPOLISState
INZip Code
46204-3030

Purpose of Disbursement

SERVICE CHARGE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B98E5E044A

Amount of Each Disbursement this Period

368.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B6D33EC87D

Amount of Each Disbursement this Period

0.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THREE POINT ADVISORS, LLC

Mailing Address PO BOX 441446

City
INDIANAPOLISState
INZip Code
46244-1446

Purpose of Disbursement

ACCOUNTING/COMPLIANCE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B110BAF57E

Amount of Each Disbursement this Period

4500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4868.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : B8AF684F4B

Amount of Each Disbursement this Period

0.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : BEDBDB086F

Amount of Each Disbursement this Period

0.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : BF378B4907

Amount of Each Disbursement this Period

0.74

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 25 2023

FEC Identification Number

C

Transaction ID : BF6D0A8037

Amount of Each Disbursement this Period

0.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARNES & THORNBURG LLP

Mailing Address 11 S MERIDIAN ST

City
INDIANAPOLISState
INZip Code
46204-3506Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 28 2023

FEC Identification Number

C

Transaction ID : B610E12C919

Amount of Each Disbursement this Period

14500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 28 2023

FEC Identification Number

C

Transaction ID : B472B4E399

Amount of Each Disbursement this Period

0.82

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14500.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : BF4864DF80I

Amount of Each Disbursement this Period

[REDACTED] 1.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : BB7A09863A:

Amount of Each Disbursement this Period

[REDACTED] 0.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : BDB9C17ED

Amount of Each Disbursement this Period

[REDACTED] 0.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 2.72

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 30 2023

FEC Identification Number

C Transaction ID : BBE69AB07E

Amount of Each Disbursement this Period

0.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 31 2023

FEC Identification Number

C Transaction ID : BF29B0577DI

Amount of Each Disbursement this Period

0.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. I360, LLCMailing Address 2300 CLARENDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201-3382Purpose of Disbursement
DATA SUBSCRIPTION

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 01 2023

FEC Identification Number

C Transaction ID : BFC2B81D08

Amount of Each Disbursement this Period

6600.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6600.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. M&B ANALYTICS, LLC

Mailing Address PO BOX 22301

City
ALEXANDRIAState
VAZip Code
22301

Purpose of Disbursement

RESEARCH

Candidate Name

005

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B0553AADB/

Amount of Each Disbursement this Period

99768.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B8028F3A26/

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

REIMBURSEMENT: TRAVEL/EVENT FOOD & BEVERAGE/

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B5B57DC062

Amount of Each Disbursement this Period

13961.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

128729.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907Purpose of Disbursement
TRAVEL REIMBURSEMENT

002

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	3		

FEC Identification Number

C Transaction ID : B3E0AAD57F

Amount of Each Disbursement this Period

632.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. M&B ANALYTICS, LLC

Mailing Address PO BOX 22301

City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
RESEARCH

005

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3		

FEC Identification Number

C Transaction ID : BAE12091E9

Amount of Each Disbursement this Period

3477.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RMS STRATEGIES, LLC

Mailing Address 401 FREYER DR NE

City
MARIETTAState
GAZip Code
30060-1407Purpose of Disbursement
POLITICAL STRATEGY CONSULTING & TRAVEL REIMBURSEMENT

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3		

FEC Identification Number

C Transaction ID : BE700E8CA

Amount of Each Disbursement this Period

19898.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24008.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B25F7C68C8

Amount of Each Disbursement this Period

4.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AUTUMN PRODUCTIONS

Mailing Address PO BOX 371553

City
LAS VEGASState
NVZip Code
89137-1553

Purpose of Disbursement

MEDIA CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B9E4FD23CE

Amount of Each Disbursement this Period

19000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B01C455652

Amount of Each Disbursement this Period

0.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

19004.30

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CLICKS

Mailing Address PO BOX 20804

City
CHARLESTONState
SCZip Code
29413-0804

Purpose of Disbursement

DIGITAL MEDIA CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : B941D48AF5

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : BF347EAECA

Amount of Each Disbursement this Period

0.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : BDF87E439F

Amount of Each Disbursement this Period

0.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20000.42

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3CD59B29E

Amount of Each Disbursement this Period

1970.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B169946C806

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLD NATIONAL BANKMailing Address 1 MONUMENT CIR
STE 150City
INDIANAPOLISState
INZip Code
46204-3030

Purpose of Disbursement

SERVICE CHARGE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B4158BA8Bc

Amount of Each Disbursement this Period

302.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12272.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	2	3	

FEC Identification Number

C

Transaction ID : BA4A0A75B7

Amount of Each Disbursement this Period

0.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : B01AC86242I

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : BAA155B4Fi

Amount of Each Disbursement this Period

0.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2000.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : BAA2BC48C

Amount of Each Disbursement this Period

0.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THREE POINT ADVISORS, LLC

Mailing Address PO BOX 441446

City
INDIANAPOLISState
INZip Code
46244-1446

Purpose of Disbursement

ACCOUNTING/COMPLIANCE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : B7C04BC75A

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : B976CB359C

Amount of Each Disbursement this Period

0.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. FLS CONNECTMailing Address 7300 HUDSON BLVD N
STE 270City
SAINT PAULState
MNZip Code
55128-7143Purpose of Disbursement
PHONE SERVICE CHARGE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2023

FEC Identification Number

C Transaction ID : BE3F867A3A

Amount of Each Disbursement this Period

349.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FLS CONNECTMailing Address 7300 HUDSON BLVD N
STE 270City
SAINT PAULState
MNZip Code
55128-7143Purpose of Disbursement
PHONE SERVICE CHARGE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2023

FEC Identification Number

C Transaction ID : BE3A58540BI

Amount of Each Disbursement this Period

217.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852Purpose of Disbursement
LOGISTICS & TRAVEL CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 29 / 2023

FEC Identification Number

C Transaction ID : B8C9D8D893

Amount of Each Disbursement this Period

5500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6067.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B4336575444

Amount of Each Disbursement this Period

19480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B433A29306E

Amount of Each Disbursement this Period

0.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : BF9839609B

Amount of Each Disbursement this Period

0.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

19480.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BARNES & THORNBURG LLP

Mailing Address 11 S MERIDIAN ST

City
INDIANAPOLISState
INZip Code
46204-3506

Purpose of Disbursement

LEGAL SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							

FEC Identification Number

C

Transaction ID : B17F956B551

Amount of Each Disbursement this Period

14500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. I360, LLCMailing Address 2300 CLARENDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201-3382

Purpose of Disbursement

RESEARCH

Candidate Name

005

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							

FEC Identification Number

C

Transaction ID : B5391156261

Amount of Each Disbursement this Period

32000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. I360, LLCMailing Address 2300 CLARENDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201-3382

Purpose of Disbursement

DATA SUBSCRIPTION

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							

FEC Identification Number

C

Transaction ID : B7ADFE5C91

Amount of Each Disbursement this Period

6600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

53100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. RMS STRATEGIES, LLC

Mailing Address 401 FREYER DR NE

City
MARIETTAState
GAZip Code
30060-1407

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING & TRAVEL REIMBURSEMENT

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B13C41A0D7

Amount of Each Disbursement this Period

18917.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B2EBC9E250

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : BD9E0208FC

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

53917.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B70DAE830F

Amount of Each Disbursement this Period

12015.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THREE POINT ADVISORS, LLC

Mailing Address PO BOX 441446

City
INDIANAPOLISState
INZip Code
46244-1446

Purpose of Disbursement

ACCOUNTING/COMPLIANCE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B7F72B81A6/

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B911DEC26E

Amount of Each Disbursement this Period

3940.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20455.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. AUTUMN PRODUCTIONS

Mailing Address PO BOX 371553

City
LAS VEGASState
NVZip Code
89137-1553

Purpose of Disbursement

MEDIA CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	2	3		

FEC Identification Number

C **Transaction ID : B9408E170B!**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE CLICKS

Mailing Address PO BOX 20804

City
CHARLESTONState
SCZip Code
29413-0804

Purpose of Disbursement

DIGITAL MEDIA CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	2	3		

FEC Identification Number

C **Transaction ID : B26FC9C294!**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERIUS STRATEGIES, LLC

Mailing Address 9901 CONESTOGA WAY

City
POTOMACState
MDZip Code
20854-4715

Purpose of Disbursement

COMMUNICATION CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	2	3		

FEC Identification Number

C **Transaction ID : B4F5DBB47!**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

42500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : B929EF3A4B

Amount of Each Disbursement this Period

2.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	1		2	0	2	3		

FEC Identification Number

C

Transaction ID : B7F64078B2C

Amount of Each Disbursement this Period

9793.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	1		2	0	2	3		

FEC Identification Number

C

Transaction ID : B571C9DB23

Amount of Each Disbursement this Period

197.18

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9992.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B16230D8A4

Amount of Each Disbursement this Period

28500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA0B5D4C59

Amount of Each Disbursement this Period

0.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

SHIPPING REIMBURSEMENT

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3479A63BC

Amount of Each Disbursement this Period

149.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

28649.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : BA727C0CE5

Amount of Each Disbursement this Period

[REDACTED] 0.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : BC3E79EA97

Amount of Each Disbursement this Period

[REDACTED] 1.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B62F21EC8F

Amount of Each Disbursement this Period

[REDACTED] 11111.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11112.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. OLD NATIONAL BANKMailing Address 1 MONUMENT CIR
STE 150City
INDIANAPOLISState
INZip Code
46204-3030

Purpose of Disbursement

SERVICE CHARGE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : BEBA8909F4

Amount of Each Disbursement this Period

346.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : B02D5E70AF!

Amount of Each Disbursement this Period

0.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA8C8834C9

Amount of Each Disbursement this Period

0.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

346.21

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3E8EE558E

Amount of Each Disbursement this Period

7592.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

LOGISTICS & TRAVEL CONSULTING

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3F931BDE0I

Amount of Each Disbursement this Period

11000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BARNES & THORNBURG LLP

Mailing Address 11 S MERIDIAN ST

City
INDIANAPOLISState
INZip Code
46204-3506

Purpose of Disbursement

LEGAL SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B23413F5E6I

Amount of Each Disbursement this Period

14500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

33092.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 25 2023

FEC Identification Number

C Transaction ID : BD8389D260

Amount of Each Disbursement this Period

40.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852Purpose of Disbursement
LOGISTICS & TRAVEL CONSULTING

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 26 2023

FEC Identification Number

C Transaction ID : B491C06469E

Amount of Each Disbursement this Period

1976.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 27 2023

FEC Identification Number

C Transaction ID : B70062165C

Amount of Each Disbursement this Period

0.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2017.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	2	3		

FEC Identification Number

C Transaction ID : BA9F0DDC4I

Amount of Each Disbursement this Period

0.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C Transaction ID : B395B47BCB

Amount of Each Disbursement this Period

0.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827Purpose of Disbursement
TRAVEL, FOOD/BEVERAGE, LODGING, SHIPPING REIMBURSEMENT

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	2	3		

FEC Identification Number

C Transaction ID : BCA96A1B1I

Amount of Each Disbursement this Period

30668.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30668.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

LOGISTICS & TRAVEL CONSULTING

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2023			

FEC Identification Number

C

Transaction ID : B3F1788F5C!

Amount of Each Disbursement this Period

12347.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

TRAVEL, FOOD/BEVERAGE, LODGING, SHIPPING REIMBURSEMENT

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2023			

FEC Identification Number

C

Transaction ID : B2527C6A83!

Amount of Each Disbursement this Period

4630.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. I360, LLCMailing Address 2300 CLARENDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201-3382

Purpose of Disbursement

DATA SUBSCRIPTION

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2023			

FEC Identification Number

C

Transaction ID : B6962777211

Amount of Each Disbursement this Period

6600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

23578.76

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BARNES & THORNBURG LLP

Mailing Address 11 S MERIDIAN ST

City
INDIANAPOLISState
INZip Code
46204-3506

Purpose of Disbursement

LEGAL SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : B5FF37750E

Amount of Each Disbursement this Period

14500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARNES & THORNBURG LLP

Mailing Address 11 S MERIDIAN ST

City
INDIANAPOLISState
INZip Code
46204-3506

Purpose of Disbursement

LEGAL SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : BAE90E3365

Amount of Each Disbursement this Period

14500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : BBBB7DF0E

Amount of Each Disbursement this Period

100850.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

129850.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 102

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : B2172B5951f

Amount of Each Disbursement this Period

12550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CCR STRATEGIES LLC

Mailing Address 3609 CLOUDLAND DR NW

City
ATLANTAState
GAZip Code
30327-2907

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : BF58715C81F

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RMS STRATEGIES, LLC

Mailing Address 401 FREYER DR NE

City
MARIETTAState
GAZip Code
30060-1407

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : BEC5E8CBB

Amount of Each Disbursement this Period

17500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. RMS STRATEGIES, LLC

Mailing Address 401 FREYER DR NE

City
MARIETTAState
GAZip Code
30060-1407

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : B9832023BF

Amount of Each Disbursement this Period

17500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TIBERIUS STRATEGIES, LLC

Mailing Address 9901 CONESTOGA WAY

City
POTOMACState
MDZip Code
20854-4715

Purpose of Disbursement

COMMUNICATION CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : B51C47DC28

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	2	3		

FEC Identification Number

C

Transaction ID : BC26D099D5

Amount of Each Disbursement this Period

0.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

32500.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : BCEB78FC59

Amount of Each Disbursement this Period

0.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3E5A3B572

Amount of Each Disbursement this Period

0.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLD NATIONAL BANKMailing Address 1 MONUMENT CIR
STE 150City
INDIANAPOLISState
INZip Code
46204-3030

Purpose of Disbursement

SERVICE CHARGE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B31B8928A6

Amount of Each Disbursement this Period

376.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

376.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2023

FEC Identification Number

C Transaction ID : BC25D493F6

Amount of Each Disbursement this Period

0.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLBERT CONSULTING

Mailing Address PO BOX 3872

City
CARMELState
INZip Code
46082-3872Purpose of Disbursement
FUNDRAISING CONSULTING SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2023

FEC Identification Number

C Transaction ID : BE772CCBA3

Amount of Each Disbursement this Period

14450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAYBERRY, MATT, , ,

Mailing Address PO BOX 1776

City
DOVERState
NHZip Code
03821-1776Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2023

FEC Identification Number

C Transaction ID : B75C26B5C1

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24450.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	2	3		

FEC Identification Number

C

Transaction ID : B6BA3D7383

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BEACON CONSULTING, LLC

Mailing Address 421 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1827

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	2	3		

FEC Identification Number

C

Transaction ID : BB16F80CC1

Amount of Each Disbursement this Period

63500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	2	3		

FEC Identification Number

C

Transaction ID : BABD7789DI

Amount of Each Disbursement this Period

0.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

73500.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. THREE POINT ADVISORS, LLC

Mailing Address PO BOX 441446

City
INDIANAPOLISState
INZip Code
46244-1446Purpose of Disbursement
ACCOUNTING/COMPLIANCE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	2	3		

FEC Identification Number

C Transaction ID : B4DB29D0EE

Amount of Each Disbursement this Period

13500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	3		

FEC Identification Number

C Transaction ID : B388262BC3

Amount of Each Disbursement this Period

0.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	3		

FEC Identification Number

C Transaction ID : BAC38BB65

Amount of Each Disbursement this Period

0.07

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

13500.09

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	1			2	0	2	3		

FEC Identification Number

C Transaction ID : B4C3655B62

Amount of Each Disbursement this Period

0.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852Purpose of Disbursement
TRAVEL

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3		

FEC Identification Number

C Transaction ID : BA1622BA3A

Amount of Each Disbursement this Period

1018.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	6			2	0	2	3		

FEC Identification Number

C Transaction ID : B20D9DC79F

Amount of Each Disbursement this Period

0.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1018.52

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. AUTUMN PRODUCTIONS

Mailing Address PO BOX 371553

City
LAS VEGASState
NVZip Code
89137-1553

Purpose of Disbursement

MEDIA CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1							2
2023												

FEC Identification Number

C

Transaction ID : B1173D0FB7

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

EVENT LOGISTICS CONSULTING

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1							2
2023												

FEC Identification Number

C

Transaction ID : B2FC670D76I

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HEARTLAND TRAVEL AND LOGISTICS LLC

Mailing Address 2723 WELCOME DR

City
FALLS CHURCHState
VAZip Code
22046-3852

Purpose of Disbursement

LOGISTICS & TRAVEL CONSULTING

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1							2
2023												

FEC Identification Number

C

Transaction ID : B49330F1BB

Amount of Each Disbursement this Period

6214.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

27114.67

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 102

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. FOGARTY, LLC

Mailing Address 107 MEADE DR

City
ANNAPOLISState
MDZip Code
21403-4015

Purpose of Disbursement

FUNDRAISING CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B98A6B6846

Amount of Each Disbursement this Period

 31627.50☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THREE POINT ADVISORS, LLC

Mailing Address PO BOX 441446

City
INDIANAPOLISState
INZip Code
46244-1446

Purpose of Disbursement

ACCOUNTING/COMPLIANCE

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B29691A8092

Amount of Each Disbursement this Period

 4500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B95A5143C7

Amount of Each Disbursement this Period

 0.02☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36127.52

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMITTED TO AMERICA PAC

A. OLD NATIONAL BANK

SERVICE CHARGE

001

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

District:

C Transaction ID : BC2EBDE646

90.00

Memo Item

B. BARNES & THORNBURG LLP

LEGAL SERVICES

001

Category/
Type

☐ Primary ☐ General
☐ Other (specify) _____

District:

C Transaction ID : B0CC5A954C

Amount of Each Disbursement this Period

14500.00

Memo Item

C. HEARTLAND TRAVEL AND LOGISTICS LLC

TRAVEL

002

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

District:

C Transaction ID : B872E3E223

Amount of Each Disbursement this Period

2520.62

Memo Item

17110.62

1376549.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. NEACE, NOAH, , ,

Mailing Address 283 TOWN CREEK RD

City
MURPHYSBOROState
ILZip Code
62966

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B634C024C2I

Amount of Each Disbursement this Period

0.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEACE, NOAH, , ,

Mailing Address 283 TOWN CREEK RD

City
MURPHYSBOROState
ILZip Code
62966

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : BB69A30F8FI

Amount of Each Disbursement this Period

1.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COZAD, JAN, , ,

Mailing Address 2136 ELMDALE

City
SIMI VALLEYState
CAZip Code
93065

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA1BF27F7I

Amount of Each Disbursement this Period

0.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CRANE, LYNN, , ,

Mailing Address 820 BREMERTON DR

City
SUNNYVALEState
CAZip Code
94087

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	3			

FEC Identification Number

C

Transaction ID : BD160310B6!

Amount of Each Disbursement this Period

0.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KRENKE, GARY, , ,

Mailing Address 4001 S 50 TH ST

City
MILWAUKEEState
WIZip Code
53220

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	3			

FEC Identification Number

C

Transaction ID : BE727F80B5!

Amount of Each Disbursement this Period

0.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOSSEN, DEANNA, , ,

Mailing Address 3091 MILL VISTA RD #1504

City
LITTLETONState
COZip Code
80129

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	3			

FEC Identification Number

C

Transaction ID : BBEAB8F61:

Amount of Each Disbursement this Period

1.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 78 OF 102

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. ZARCONE, ANNAMAE, , ,

Mailing Address 25511 73RD AVENUE

City
GLEN OAKSState
NYZip Code
11004

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B484778FB24

Amount of Each Disbursement this Period

0.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BRANDENBURG, NOREEN, , ,

Mailing Address 108 ROCKWOOD STREET

City
LEBANONState
OHZip Code
45036

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA74C8D3E5

Amount of Each Disbursement this Period

0.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BRANDENBURG, NOREEN, , ,

Mailing Address 108 ROCKWOOD STREET

City
LEBANONState
OHZip Code
45036

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B70958AC8E

Amount of Each Disbursement this Period

0.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BRANDENBURG, NOREEN, , ,

Mailing Address 108 ROCKWOOD STREET

City
LEBANONState
OHZip Code
45036

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	2	3		

FEC Identification Number

C **Transaction ID : BEEE24DA04**

Amount of Each Disbursement this Period

 0.05☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MITCHELL, TIMOTHY, , ,

Mailing Address 37 HEATHER LANE

City
NORTH GRANBYState
CTZip Code
06060

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	2	3		

FEC Identification Number

C **Transaction ID : B98FB240A8:**

Amount of Each Disbursement this Period

 0.75☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.80 4.51

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMITTED TO AMERICA PAC

Full Name (Last, First, Middle Initial)

A. ADVANCING AMERICAN FREEDOM, INC.

Mailing Address 47 S PENNSYLVANIA ST

City
INDIANAPOLISState
INZip Code
46204-3698

Purpose of Disbursement

CONTRIBUTION

Candidate Name

012

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	3			

FEC Identification Number

C

Transaction ID : B7FA11C385

Amount of Each Disbursement this Period

709000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

709000.00

709000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">CC00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div>	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee IN FIELD STRATEGIES</div><div><input type="checkbox"/> Memo Item</div></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">M M / D D / Y Y Y Y Y Y 07 / 03 / 2023</div> <div>Mailing Address 333 H ST STE 5000</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>City CHULA VISTA</div><div>State CA</div><div>Zip Code 91910-5561</div></div> <div>Purpose of Expenditure CANVASSING</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Category/ Type</div><div style="border: 1px solid black; padding: 2px; width: 50px;"></div></div>		<div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">M M / D D / Y Y Y Y Y Y 07 / 03 / 2023</div></div> <div>Amount <div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: right;">100000.00</div></div> <div>Transaction ID : EA27EF44639FF464C932</div> <div>Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">M M / D D / Y Y Y Y Y Y 07 / 03 / 2023</div></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA</div></div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: right;">799382.34</div> <div>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</div>	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee MENTZER MEDIA SERVICES</div><div><input type="checkbox"/> Memo Item</div></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">M M / D D / Y Y Y Y Y Y 07 / 06 / 2023</div> <div>Mailing Address 2210 GREY FOX CT</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>City BEL AIR</div><div>State MD</div><div>Zip Code 21015-8905</div></div> <div>Purpose of Expenditure MEDIA BUY</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Category/ Type</div><div style="border: 1px solid black; padding: 2px; width: 50px;"></div></div>		<div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">M M / D D / Y Y Y Y Y Y 07 / 06 / 2023</div></div> <div>Amount <div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: right;">149600.00</div></div> <div>Transaction ID : EAEC492A200B445A3BD/</div> <div>Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">M M / D D / Y Y Y Y Y Y 07 / 05 / 2023</div></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA</div></div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: right;">990347.13</div> <div>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: right;">249600.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;">Signature <u>HUGO, DEREK, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="margin-top: 5px;">01 / 31 / 2024</div></div></div></div>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee AUTUMN PRODUCTIONS <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">07</div><div style="border: 1px solid black; padding: 2px;">04</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Mailing Address PO BOX 371553			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11064.79</div>	
City LAS VEGAS	State NV	Zip Code 89137-1553	Transaction ID : EA6B2C30C0C734074A66 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">07</div><div style="border: 1px solid black; padding: 2px;">06</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Purpose of Expenditure MEDIA PRODUCTION			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">810447.13</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CONSERVATIVE CLICKS <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">07</div><div style="border: 1px solid black; padding: 2px;">06</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Mailing Address PO BOX 20804			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>	
City CHARLESTON	State SC	Zip Code 29413-0804	Transaction ID : E5D0FEEBA45A249BB9D Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">07</div><div style="border: 1px solid black; padding: 2px;">06</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Purpose of Expenditure DIGITAL ADS			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">990347.13</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">31064.79</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">31</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">CC00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div>			
Full Name of Payee AUTUMN PRODUCTIONS <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>07 / 06 / 2023</div></div>	
Mailing Address PO BOX 371553		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10300.00</div> Transaction ID : E168F874700FB4F6AA86 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>07 / 08 / 2023</div></div>	
<div style="flex: 1;">City LAS VEGAS</div> <div style="flex: 1;">State NV</div> <div style="flex: 1;">Zip Code 89137-1553</div>			
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">990347.13</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee IN FIELD STRATEGIES <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>07 / 10 / 2023</div></div>	
Mailing Address 333 H ST STE 5000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div> Transaction ID : EFBCAA3A5F9BB4216BE Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>07 / 10 / 2023</div></div>	
<div style="flex: 1;">City CHULA VISTA</div> <div style="flex: 1;">State CA</div> <div style="flex: 1;">Zip Code 91910-5561</div>			
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1090347.13</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">110300.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature HUGO, DEREK, , ,		Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>01 / 31 / 2024</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>			
Full Name of Payee POSTAGE FOR DIRECT MAIL FUNDRAISING LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">63300.00</div>	
City ASHBURN	State VA	Zip Code 20147-5905	Transaction ID : E0CAD2E382FEA48ADB31 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>
Purpose of Expenditure DIRECT MAIL POSTAGE; NATIONWIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee CONSERVATIVE CLICKS <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address PO BOX 20804		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City CHARLESTON	State SC	Zip Code 29413-0804	Transaction ID : E74168781EF91445187F Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>
Purpose of Expenditure DIGITAL ADS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1100347.13</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">73300.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature HUGO, DEREK, , ,		Date <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">CC00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>	
Mailing Address 333 H ST STE 5000		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">100000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E331384F4EC5B4E5A8AF Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">1355326.40</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee THE POLITICAL COMPANY <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>	
Mailing Address PO BOX 81274		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">18521.56</div>	
City BILLINGS	State MT	Zip Code 59108-1274	Transaction ID : EE7AEB6A2630D46A5AA Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>
Purpose of Expenditure DIRECT MAIL POSTAGE; NATIONWIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">1390063.72</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">118521.56</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature HUGO, DEREK, , ,		Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee ONPOINT <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 14 / 2023</div>	
Mailing Address 20130 LAKEVIEW CENTER PLAZA			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">325.10</div>	
City ASHBURN	State VA	Zip Code 20147-5904	Transaction ID : E22F995B413E04E239B0 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 17 / 2023</div>	
Purpose of Expenditure DIRECT MAIL LIST PROCESSING; NATIONWIDE			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NOVA <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 14 / 2023</div>	
Mailing Address 20130 LAKEVIEW CENTER PLAZA			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1835.00</div>	
City ASHBURN	State VA	Zip Code 20147-5904	Transaction ID : ED1414AC6D72D48568DE Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 17 / 2023</div>	
Purpose of Expenditure DIRECT MAIL LIST RENTAL; NATIONWIDE			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2160.10</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature HUGO, DEREK, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee HSP DIRECT		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 14 / 2023	
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		City ASHBURN	State VA	Zip Code 20147-5905
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5168.79</div>				
Purpose of Expenditure DIRECT MAIL PRODUCTION; NATIONWIDE		Category/ Type	Transaction ID : E35EA050A4472436DA46 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 17 / 2023	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee HSP DIRECT		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 14 / 2023	
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		City ASHBURN	State VA	Zip Code 20147-5905
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5168.68</div>				
Purpose of Expenditure DIRECT MAIL PRODUCTION; NATIONWIDE		Category/ Type	Transaction ID : EC0F8B2D7E9FD44AA99F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 17 / 2023	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">10337.47</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on			<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee NOVA		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2023	
Mailing Address 20130 LAKEVIEW CENTER PLAZA			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">660.40</div>	
City ASHBURN	State VA	Zip Code 20147-5904	Transaction ID : E414C3EF7AC0741DAA18 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 17 / 2023	
Purpose of Expenditure DIRECT MAIL LIST RENTAL; NATIONWIDE		Category/ Type		
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ONPOINT		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2023	
Mailing Address 20130 LAKEVIEW CENTER PLAZA			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">512.63</div>	
City ASHBURN	State VA	Zip Code 20147-5904	Transaction ID : EED5CF5C941FB40F1BD5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 17 / 2023	
Purpose of Expenditure DIRECT MAIL LIST PROCESSING; NATIONWIDE		Category/ Type		
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1173.03</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 89 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee NOVA			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2023	
Mailing Address 20130 LAKEVIEW CENTER PLAZA			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7885.50</div>	
City ASHBURN	State VA	Zip Code 20147-5904	Transaction ID : E5AA36AEB86F146F7A68 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 17 / 2023	
Purpose of Expenditure DIRECT MAIL LIST RENTAL; NATIONWIDE			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INTEGRAM			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2023	
Mailing Address 22695 COMMERCE CENTER CT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36698.05</div>	
City STERLING	State VA	Zip Code 20166-2088	Transaction ID : EAB395B7388C54FB48A5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 17 / 2023	
Purpose of Expenditure DIRECT MAIL PRINTING, SHIPPING, PRODUCTION; NATIONWIDE			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1355326.40</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">44583.55</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>HUGO, DEREK, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024</div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 90 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">CC00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee INTEGRAM</div><div><input type="checkbox"/> Memo Item</div></div> <div>Mailing Address 22695 COMMERCE CENTER CT</div> <div style="display: flex; justify-content: space-between;"><div>City STERLING</div><div>State VA</div><div>Zip Code 20166-2088</div></div> <div>Purpose of Expenditure DIRECT MAIL PRINTING, SHIPPING, PRODUCTION; NATIONWIDE</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div></div>		<div style="display: flex; justify-content: space-between;"><div>Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div></div><div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>33425.12</div><div></div></div></div><div>Transaction ID : E2D6FD2F7381B48F1801</div><div>Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div></div></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>1355326.40</div><div></div></div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee THE POLITICAL COMPANY</div><div><input type="checkbox"/> Memo Item</div></div> <div>Mailing Address PO BOX 81274</div> <div style="display: flex; justify-content: space-between;"><div>City BILLINGS</div><div>State MT</div><div>Zip Code 59108-1274</div></div> <div>Purpose of Expenditure DIRECT MAIL LIST RENTAL, PRODUCTION; NATIONWIDE</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div></div>		<div style="display: flex; justify-content: space-between;"><div>Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div></div><div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>16215.76</div><div></div></div></div><div>Transaction ID : E0D6FCB4456754B8DA7C</div><div>Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div></div></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., ,		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>1390063.72</div><div></div></div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>49640.88</div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div></div></div>			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;">Signature <u>HUGO, DEREK, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div></div></div>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 28 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : EDB009595BD7740A4B6C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 28 / 2023	
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1710063.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee THE POLITICAL COMPANY <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 09 / 2023	
Mailing Address PO BOX 81274			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40255.00</div>	
City BILLINGS	State MT	Zip Code 59108-1274	Transaction ID : EBBBF6827C6254672970 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 04 / 2023	
Purpose of Expenditure DIRECT MAIL LIST RENTAL, PRODUCTION, POSTAGE; NATIONWIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1932548.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">140255.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 93 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 07 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : EB528684260D54DFF84C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 07 / 2023	
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1810063.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee THE POLITICAL COMPANY <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 09 / 2023	
Mailing Address PO BOX 81274			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">82230.00</div>	
City BILLINGS	State MT	Zip Code 59108-1274	Transaction ID : E1FCB27B4BAB74271A9/ Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 10 / 2023	
Purpose of Expenditure DIRECT MAIL LIST RENTAL, PRODUCTION, POSTAGE; NATIONWIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1932548.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">182230.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature HUGO, DEREK, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 94 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 11 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E2F97FEEEC0614DA3969 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 11 / 2023	
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2032548.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CONSERVATIVE CLICKS <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023	
Mailing Address PO BOX 20804			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>	
City CHARLESTON	State SC	Zip Code 29413-0804	Transaction ID : E3CB5BFCD9D98404ABC Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 15 / 2023	
Purpose of Expenditure DIGITAL ADS; NATIONWIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2062548.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">130000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 18 / 2023	
Mailing Address 333 H ST STE 5000				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHULA VISTA		State CA	Zip Code 91910-5561	Transaction ID : EC50D7E83BE314109BE6	
Purpose of Expenditure CANVASSING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 18 / 2023	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2162548.72</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 25 / 2023	
Mailing Address 333 H ST STE 5000				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHULA VISTA		State CA	Zip Code 91910-5561	Transaction ID : E45FC28323AC24D9396D	
Purpose of Expenditure CANVASSING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 25 / 2023	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2262548.72</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">200000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>HUGO, DEREK, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">CC00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y</div>	
<div style="border: 1px solid black; padding: 2px;">Full Name of Payee IN FIELD STRATEGIES</div> <div style="border: 1px solid black; padding: 2px;">Mailing Address 333 H ST STE 5000</div> <div style="border: 1px solid black; padding: 2px; display: flex;"><div style="flex: 1;">City CHULA VISTA</div><div style="flex: 1;">State CA</div><div style="flex: 1;">Zip Code 91910-5561</div></div> <div style="border: 1px solid black; padding: 2px;">Purpose of Expenditure PHONE BANK</div>		<div style="border: 1px solid black; padding: 2px;">Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 08 28 2023</div></div> <div style="border: 1px solid black; padding: 2px;">Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">11894.85</div></div> <div style="border: 1px solid black; padding: 2px;">Transaction ID : E3398ADA5F69C4865B2E</div> <div style="border: 1px solid black; padding: 2px;">Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 08 30 2023</div></div>	
<div style="border: 1px solid black; padding: 2px;">Name of Federal Candidate: PENCE, MICHAEL, R., ,</div>		<div style="border: 1px solid black; padding: 2px;">Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px;">Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate</div> <div style="border: 1px solid black; padding: 2px;">District: 00 State: IA</div>	
<div style="border: 1px solid black; padding: 2px;">Calendar Year-To-Date Per Election for Office Sought</div>		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">2274443.57</div> <div style="border: 1px solid black; padding: 2px;">Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</div>	
<div style="border: 1px solid black; padding: 2px;">Full Name of Payee IN FIELD STRATEGIES</div> <div style="border: 1px solid black; padding: 2px;">Mailing Address 333 H ST STE 5000</div> <div style="border: 1px solid black; padding: 2px; display: flex;"><div style="flex: 1;">City CHULA VISTA</div><div style="flex: 1;">State CA</div><div style="flex: 1;">Zip Code 91910-5561</div></div> <div style="border: 1px solid black; padding: 2px;">Purpose of Expenditure CANVASSING</div>		<div style="border: 1px solid black; padding: 2px;">Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 09 01 2023</div></div> <div style="border: 1px solid black; padding: 2px;">Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">100000.00</div></div> <div style="border: 1px solid black; padding: 2px;">Transaction ID : EEB53218260944B668B4</div> <div style="border: 1px solid black; padding: 2px;">Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 09 01 2023</div></div>	
<div style="border: 1px solid black; padding: 2px;">Name of Federal Candidate: PENCE, MICHAEL, R., ,</div>		<div style="border: 1px solid black; padding: 2px;">Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px;">Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate</div> <div style="border: 1px solid black; padding: 2px;">District: 00 State: IA</div>	
<div style="border: 1px solid black; padding: 2px;">Calendar Year-To-Date Per Election for Office Sought</div>		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">2374443.57</div> <div style="border: 1px solid black; padding: 2px;">Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">111894.85</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div></div></div>			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><u>HUGO, DEREK, , ,</u> Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 01 31 2024</div></div></div>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 08 / 2023	
Mailing Address 333 H ST STE 5000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E0631D356C662426094D Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 08 / 2023
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2474443.57</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 15 / 2023	
Mailing Address 333 H ST STE 5000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E3E6E513C01414B569FC Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 15 / 2023
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2689558.57</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">200000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature HUGO, DEREK, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 98 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee PIONEER POLITICAL GROUP <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 15 / 2023</div></div>	
Mailing Address 791 WOODMONT DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">115115.00</div>	
City MARIETTA	State GA	Zip Code 30062-3835	Transaction ID : E50E822CC514F404089F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 17 / 2023</div></div>	
Purpose of Expenditure PRINTED MATERIALS			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2689558.57</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 25 / 2023</div></div>	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">100000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E201FB62B82464F60868 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 25 / 2023</div></div>	
Purpose of Expenditure CANVASSING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2789558.57</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">215115.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 31 / 2024</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 99 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 29 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : EA427DA4D4FB94334AC0 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 29 / 2023	
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2839558.57</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 06 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E4AC17051E1D3485DAF5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 06 / 2023	
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2889558.57</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 07 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10672.65</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E434D452E08194AD4AD5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 10 / 2023	
Purpose of Expenditure PHONE BANK		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2900231.22</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : EA3F5B1E1A5D940FEB30 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2023	
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2950231.22</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">60672.65</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature HUGO, DEREK, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 101 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">20</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : EAD02DA1212AD4F05AD6 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">20</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Purpose of Expenditure CANVASSING			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3000231.22</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">27</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : E83786210AE414B6F918 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">27</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Purpose of Expenditure CANVASSING			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3050231.22</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>HUGO, DEREK, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">31</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 102 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00839464</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee IN FIELD STRATEGIES <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2023	
Mailing Address 333 H ST STE 5000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City CHULA VISTA	State CA	Zip Code 91910-5561	Transaction ID : EA9B908A25F494BE8B7F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 30 / 2023	
Purpose of Expenditure CANVASSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: PENCE, MICHAEL, R., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3075231.22</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City 	State 	Zip Code 	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure 		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2375848.88</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature HUGO, DEREK, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	